

**The Glyndon Area Players**  
**Emergency Contact and Health Information Form**  
**"The Wizard of Oz" 2010**

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Names/Emergency Contact Information:

**Mother**

**Father**

**Significant Other**

Names: \_\_\_\_\_

Work/Cell: \_\_\_\_\_

Please list other people to whom your child may be released. If you send someone else to pick up your child that is not listed here, please give a signed note to one of the kid coordinators on duty when dropping off your child or contact them in advance.

**Names**

**Numbers**

\_\_\_\_\_  
\_\_\_\_\_

In case of a medical emergency, please list any medicines you/your child may be on, any medical conditions emergency personnel should be aware of, or any allergies you/your child may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Forms are required for all cast and production members.**